CERTIFICATE OF FIRE DEPARTMENT EXISTENCE

OFFICE OF ATTORNEY GENERAL
STATE FIRE MARSHAL
SFN 11893 (01/05)

AGENCY INFORMATION

Official Name of Department or District	Fire Protection District City Fire Department Rural Fire Department	Date of Organization

Organization Mailing Address (Preferably P.O. Box No.)		Organization Telephone Number

Organization Fax Number	Organization E-Mail Address

City	County	Zip Code	Fire Department ID No.

Does the department or district meet the minimum requirement for Class 9 protection? Yes   No

PERSONNEL INFORMATION

Name of Fire Chief	Home Telephone Number	Work Telephone Number
Name of Assistant Fire Chief	Home Telephone Number	Work Telephone Number
Name of Secretary/Treasurer	Home Telephone Number	Work Telephone Number
Name of Training Officer	Home Telephone Number	Work Telephone Number

Is the fire chief paid/compensated $50 or more per year (NDCC 18:01:08)?   Yes   No

FIRE APPARATUS/WATERSUPPLY INFORMATION

Number of Engines	Number of Aerials	Number of Tankers	Number of Other Apparatus	Type of Water Supply System Hyd Tanker/Shuttle Other

FIRE PROTECTION AREA

Have your fire district boundaries changed within the last year?   Yes   No   (If no, skip this section; if yes, complete this section.)

In your district, list every city and town as well as every township or part served:

If yes, a new map, verified and signed by the auditor, with a letter of explanation must be sent to the state insurance commissioner prior to September 30.

I hereby certify that the above-named Fire Department or District was organized and in existence eight months prior to October 31; that the above statements are true and correct; and, according to Chapter 18-04 of the North Dakota Century Code, it is entitled to receive the Fire Insurance Premium Refunds as provided by law.

Dated this _____ day of _____ , Year _____ .

City Auditor (for City Department) **OR** Secretary/Treasurer (for Rural Department or District)	Fire Chief

After signing form, please send to State Fire Marshal, PO Box 1054, Bismarck, ND 58502-1054 (701) 328-5555)
(The Fire Marshal's Office will forward a photocopy to the Insurance Department and the North Dakota Firefighter's Association.)

THE DEADLINE FOR FILING THESE FORMS ANNUALLY IS MARCH 1